

# CHULA VISTA POLICE DEPARTMENT

## TEEN POLICE ACADEMY WAIVER



### C O M M U N I T Y   R E L A T I O N S   U N I T

#### WAIVER OF CLAIMS FOR DAMAGES AND COVENANT NOT TO SUE

I, \_\_\_\_\_ provide this Waiver and Release  
Parent signature

because my child will participate in a "Teen Police Academy" with the Chula Vista Police Department.

I FOREVER RELEASE, WAIVE, HOLD HARMLESS AND COVENANT NOT TO SUE THE CITY OF CHULA VISTA, IT'S' PRESENT AND FORMER OFFICERS, AGENTS AND EMPLOYEES, AND ALL OTHER PERSONS, FROM ANY AND ALL LIABILITIES, CLAIMES, DEMANDS OR CAUSES OR ACTION THAT I MAY HEREAFTER HAVE FOR INJURIES OR DAMAGES ARISING OUT OF MY CHILD'S PARTICIPATION IN THE TEEN POLICE ACADEMY.

I INTEND THIS WAIVER TO BIND MY HEIRS, PERSONAL REPRESENTATIVES, NEXT OF KIN, SPOUSE, AND ASSIGNS.

I declare under penalty of perjury that I have read and fully understood this entire "Waiver of Claims for Damages and Covenant Not to Sue" and that my signature below signifies my reading, understanding, and agreeing with each provision.

\_\_\_\_\_  
Date Student Signature

\_\_\_\_\_  
Date Parent Signature

#### ACADEMY PARTICIPANT INFORMATION

\_\_\_\_\_  
Full name (including middle initial) Date of Birth

\_\_\_\_\_  
Mailing address City, State, Zip

\_\_\_\_\_  
Daytime phone email address